**Interdisciplinary Approach to**

**Managing a Pediatric Pa5ent with High Caries Risk**

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* 12 yo African-­‐American female presents for New Pa4ent Exam with her dad.
* No CC
* **Medical:** asthma
* **Dental:** do not know date of last exam/cleaning
* **Dietary:** candy 3-­‐4x/day; juice 1x/day; ice cream 3-­‐4x/ week
* **Oral hygiene prac5ce:** does not brush or ﬂoss
* **Medica5on:** uses albuterol inhaler for asthma (last used 2 days prior to appt)
* **Allergy:** NKDA
* **Social:** Dad does not seem very aware of his child’s physical or oral health and does not oversee child’s oral hygiene.
* **Developmental:** none
* Caries on at least one posterior tooth in each quadrant
* Caries on #8(M) and #9(M)
* High caries risk
  + Ac4ve carious lesions
  + Poor oral hygiene
  + High sugar diet
* Educate both child and parents about the importance of maintaining child’s oral health
* Improve child’s oral hygiene, both brushing and ﬂossing (show, tell, do, and repeat)
* Recommend dietary changes to reduce sugar consump4on (both amount and frequency)
* Encourage parents to bring child to den4st for rou4ne examina4on and prophylaxis
* Recruit a **social worker** to oversee case
* Follow up with child’s **PCP** so that we can coordinate eﬀorts, especially to decrease child’s current high sugar diet
* If pa4ent does not have a PCP, recommend one
* Restore all carious lesions
* Follow up with social worker and PCP
* Prophylaxis every 3 months
* FV every 3 months
* CRA every 3 months
* Lack of internal mo4va4on
* Lack of parental oversight
* High sugar diet
* Poor oral hygiene
* Yes, this is a good case to manage in an interdisciplinary approach.
* Recruit a **social worker** to oversee case
* Follow up with child’s **PCP** so that we can coordinate eﬀorts, especially to decrease child’s current high sugar diet
* If pa4ent does not have a PCP, recommend one
* Her parents are cri4cal to the success of her oral health care.
* Remind and oversee child’s brushing and ﬂossing 2x/day.
* Limit child’s sugar consump4on (both amount and frequency).
* Bring child to den4st for rou4ne preven4ve care.
* Low-­‐income household
  + Parents may not be able to take 4me oﬀ work to bring their daughter to the den4st regularly
  + Parents may not be able to aﬀord more costly, healthier food alterna4ves

**Age:** 12 yo

**Rx** 1.0mg F-­‐ in chewable tablet form (2.2mg NaF) 120mg F-­‐ total for the preven4on of tooth decay

**Direc5on:** Chew one tablet for one minute, and swish around the mouth, before swallowing, before bed each night.

**Warning:** Keep bo`le out of reach of children. Do not exceed recommended dose.

**Reﬁll:** x1

**Doctor’s signature:**

**Doctor’s license #:**

\*assuming there is no water ﬂuorida4on in the community

# Discussion/Ques5ons